Government of Saskatchewan

Statistical Supplement to the Annual Report for the Year Ending March 31, 1989

Saskatchewan Health

Continuing Care

- Home Care
- Special Care Homes
- Long Term Care in Hospitals

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Continuing Care
- **Home Care**
- **Special Care Homes**
- **Long Term Care in Hospitals**

Replaces:
- Saskatchewan Home Care Statistical Report
- Statistical Report on Long Term Care in Special Care Homes and Hospitals

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Description of The Branch and Programs

Continuing Care Branch

Continuing Care is responsible for the Home Care and Special Care Homes Programs. The Branch funds the programs, sets and monitors policy and standards, and provides leadership in managing the long term care system. Local boards provide services.

Long term care services are provided to people who need more care and support than can be provided by family and other informal care providers. Services range from occasional support services in the home to full time residential care, and are designed to maximize the individual's physical, social and psychological independence.

Access to long term care services is on an assessed need basis, with the provider agency or facility making final admission decisions. District Coordinating Committees (DCC's) have been formed in most parts of the province to coordinate assessment and long term care services. These are voluntarily formed committees of representatives from hospital, special care home, home care and housing sectors. Many special care homes rely on DCC's to priorize entry to their long term care beds. Home care districts often perform assessments for DCC's.

Home Care Program

Saskatchewan introduced its comprehensive home care program in 1978. The program, which is administered under *The Home Care Act*, provides acute, palliative and supportive care to help people remain independent at home. The Home Care Program is intended to supplement and not replace services usually provided by the family and community.

Districts:

The Home Care Program is available in 45 districts in the southern half of the province, where about 97% of the population lives. Each home care district is served by a non-profit home care corporation with an elected board.

Services in the north are administered by Northern Health Services Branch and are not included in this report.

Services:

Home Care services include:

- Assessment and care coordination — coordinating requests for service; performing assessments to identify needs; care planning; coordinating care; conducting case reviews and reassessments.
- Nursing — nursing assessments, treatments and procedures; ongoing personal care when a nurse is required; teaching and supervising self-care; teaching personal care to family members and supporters; consulting with other professionals and agencies.
- Homemaking — personal care, such as assistance with bathing and grooming, care of bed-bound clients, activation, and routine foot and nail care; home management services, such as household cleaning, meal preparation, laundry and other aspects of operating a household.
- Meals — meals-on-wheels and wheels-to-meals.
- Home maintenance — installing Saskatchewan Aids to Independent Living Program equipment, handrails and non-skid surfaces; some outdoor tasks essential to the safety of the client.

Volunteers are active in all home care districts. A 1988 Saskatchewan Home Care Association study identified over 18,000 volunteers involved in meal delivery, friendly visiting, transportation, home maintenance, telephone surveillance and office tasks.

Client Fees:

There is no charge for assessment and care coordination, nursing, or volunteer services. Fees for other services are $5 per unit for the first 10 units, plus an income adjusted rate for additional units. A unit is an hour of service or a meal. Maximum monthly charges range from $50 to $300, depending on income.

Funding:

Continuing Care provides formula and target grants to district home care programs. The 1988-89 formula funding for each district was:

- Block funding of $44,940,
- $10 per person,
- $44.78 per person aged 65 and over, and
- $40.74 per person aged 75 and over.

In 1988-89 home care grants totalled $23,472,476.

Special Care Homes Program

The Special Care Homes Program, administered under *The Housing and Special-care Homes Act*, provides institutional long term care services to people who need more care and supervision than can be provided in their own homes.

Facilities:

Table 1

Long Term Care Beds in Special Care Homes and Hospitals
March 31, 1989

Facility Type	Number of Facilities	Number of beds
Special Care Homes	161	9,581
Hospital Long Term Care Units	8	387
Community Hospitals	85	174
Total	254	10,142

Special care homes range from 10 beds to more than 500 beds. While most homes are freestanding units, some of the smaller homes are physically attached to the local hospital and may purchase such services as maintenance, housekeeping, laundry and dietary services from the hospital.

Ninety-three hospitals designate a certain number of beds for persons requiring long term care.

Services:

Special care homes and hospitals provide four levels of care.

Level 1 Residents require some supervisory care; primarily an accomodation rather than a care arrangement.

Level 2 Residents require some supervision and assistance with activities of daily living.

Level 3 Residents require intensive personal or nursing care.

Level 4 Residents require continuous medical care and 24 hour nursing care, but do not require acute hospital care.

People who need level 3 and level 4 care are considered to have heavy care needs. Level 1 care is not insured.

Many special care facilities offer community outreach services: 14 have adult day programs and 92 offer respite services.

Resident Charge:

The monthly resident charge is established under *The Housing and Special-care Homes Care and Rates Regulations.* The monthly charge is adjusted quarterly based on the Old Age Security, Guaranteed Income Supplement and Saskatchewan Income Plan benefits for a single resident. Charges ranged from $601 per month at the start of 1988-89 to $625 per month at the end. These charges left a single resident on maximum pension with a disposable income that ranged from $104 to $107 per month over the year.

Funding:

Continuing Care provides operating grants to non-profit special care homes based on a budget review. Commercial homes receive a negotiated fee for service. Continuing Care also funds designated long term care beds in hospitals and integrated facilities through the Hospital Services Branch. During 1988-89, Continuing Care provided $191,160,704 in operating grants for institutional long term care.

New Construction and Renovations:

Construction and renovation of special care homes is approved by the Minister of Health. Construction of new and replacement beds for non-profit homes is cost-shared 85% by the province and 15% by local sponsors. Renovations are funded 50% by the province and 50% by local sponsors. In 1988-89, 45 renovations and 3 new construction projects were approved to provide 116 beds at a cost of $13 million.

An Overview of Continuing Care Statistics

About 81% of seniors live independently, often with the support of families, friends and neighbours, without seeking help from home care or moving into long term care facilities.

About 19% of seniors do use continuing care programs. This 19% of seniors is composed of about 12% who live in their homes with the assistance of home care and their families, and about 7% who live in special care homes or hospitals.

Although we tend to think of "seniors" as anyone over the age of 65, the people most likely to need continuing care services are much older.

Figure 1 illustrates that the percentage of people using continuing care programs increases dramatically in the older age groups. Special Care Homes Program data includes long term care residents of special care homes and hospitals.

Home care serves more people than do long term care facilities in all but the oldest age groups : three times as many aged 65 to 74 and twice as many aged 75 to 84.

The average age of seniors in home care is 79 years. The average age of seniors in special-care homes is 84 years.

Even among the very oldest people in the province, those aged 85 and over, almost two thirds live at home. Home care serves 26% of our oldest citizens, and about 39% remain at home without help from Home Care.

While most people who require continuing care services are seniors, about 2,800 home care clients (15%) and 800 long term care residents (8%) are under age 65.

Since the introduction of the home care program, long term care facilities have increasingly been used for people requiring heavier care. Figure 2 illustrates this trend.

Figure 1: Percentage of Seniors Who Use Home Care and Special Care Homes Programs

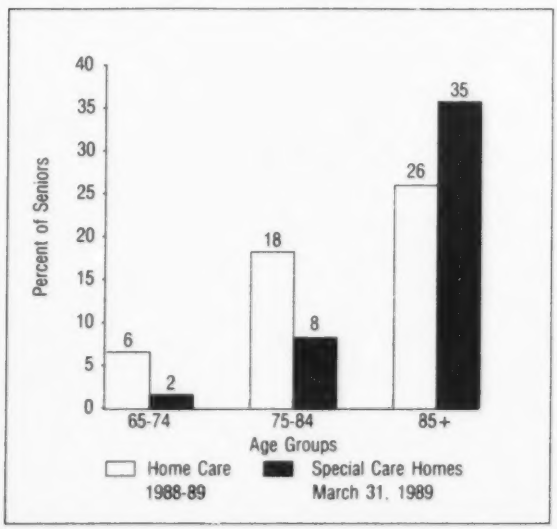
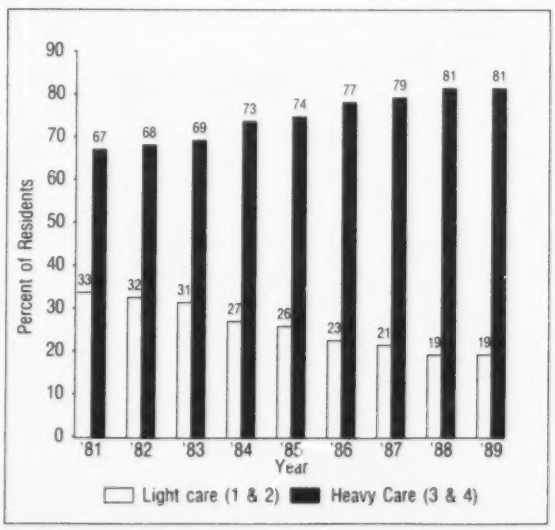


Figure 2: Percentage of Long Term Care Residents Receiving Light and Heavy Care, 1981 to 1989



About two-thirds of the people using continuing care programs are women.

The difference in program use by men and women relates to factors such as:

- the longer life span of women, and
- the tendency of women to be the younger partner in a marriage, and to be available to care for and support their elderly husbands.

In Saskatchewan, women aged 65 and over are much less likely to have a spouse (only 44%) than men aged 65 and over (75%).

The availability of a spouse is a key factor in determining the need for continuing care programs when a person loses some functional abilities:

- Only 39% of home care clients have a spouse.
- Only 29% of people newly admitted to long term care beds have a spouse.

Home Care Program Statistics

The home care section of the report profiles characteristics of the home care caseload and services provided to clients from April 1, 1988 to March 31, 1989.

The report excludes:

- services provided by northern home care agencies funded by the Northern Health Services Branch;
- services provided to residents of Lloydminster, Alberta under an agreement with the Province of Alberta.

The Home Care Program does not provide service to residents of Indian Reservations since this is a responsibility of the Government of Canada.

All home care tables cover clients who received one or more nursing, homemaking, meal or home maintenance units. A unit is one hour of service or one meal.

Table 2 shows the total number of clients and services. Totals in other tables may vary slightly due to missing data on specific variables.

Population figures are based on Saskatchewan Hospital Services Branch covered population at June 30, 1988 for the 45 home care districts, unless otherwise specified.

Total Clients and Services

Table 2

Volume of Home Care Services and Number of Clients Receiving Services 1988-89

	Volume of Service		Clients		Average Monthly Clients	
Type of Service	Units	Percent	Number	Percent	Number	Percent
Nursing	128,579	9.5%	9,971	52.9%	4,685	41.4%
Meals	380,004	28.1%	4,063	21.6%	2,036	18.0%
Home Maintenance	15,064	1.1%	1,889	10.0%	531	4.7%
Homemaking[1]	830,840	61.3%	12,285	65.2%	7,792	68.8%
All Services	1,354,487	100.0%	18,842[2]	—	11,322[2]	—

[1] 172,211 (21%) of the homemaking units are personal care units.

[2] Some clients receive more than one type of service.

Home Care provided 1.35 million services to nearly 19,000 clients in 1988-89. Over 11,000 clients were served per month.

TABLE 3

High Need Client Caseload and Service Volumes[1]
1988-89

Type of Client	Percent of Services Used	Percent of Client Months[2]	Average Units/ Client Month
High Need Clients	28.3%	4.8%	59.4
Other Clients	71.7%	95.2%	7.6
All Clients	100.0%	100.0%	10.0

[1] A high need client is a client who receives over $650 service in a month.

[2] A client month is a month in which a client receives service. Months in which a client receives no service are excluded.

High need clients account for only 5% of client months, but use 28% of home care services.

Home Care Caseload Characteristics

Figure 3: Distribution of Home Care Clients by Sex, 1988-89

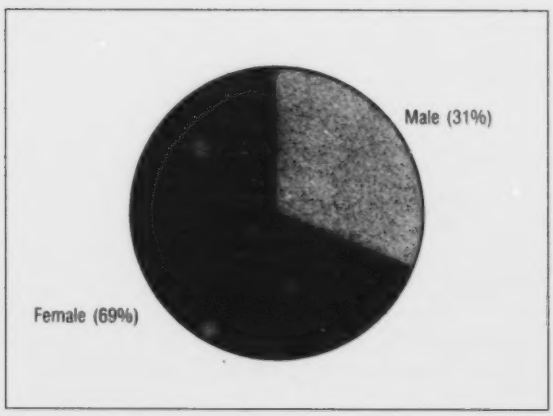


Figure 4: Distribution of Home Care Clients by Age Group, 1988-89

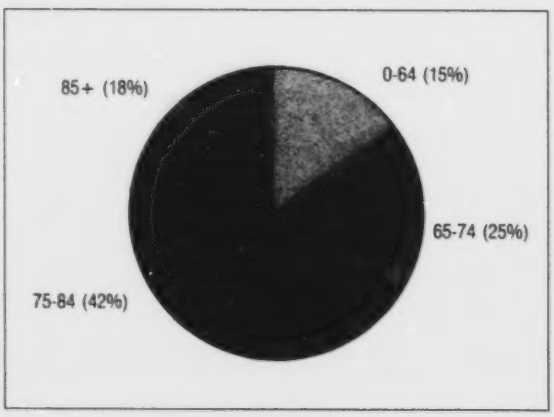


Figure 5: Distribution of Home Care Clients by Marital Status, 1988-89

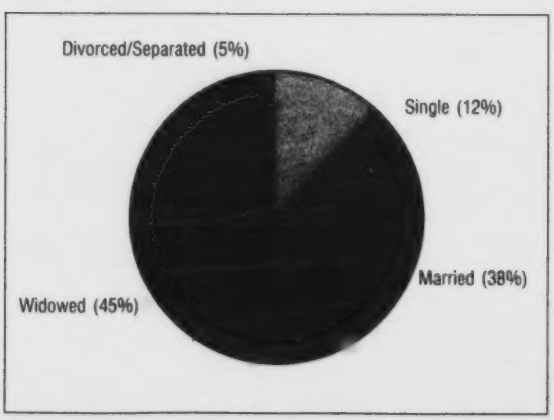
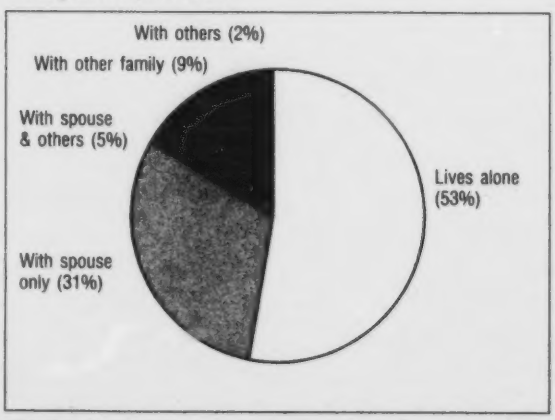


Figure 6: Distribution of Home Care Clients by Living Arrangements, 1988-89



Home Care Clients as a Percentage of All District Population, by Age and Sex[1] 1988-89

Age Group	Males			Females			All		
	Clients	Population	Utilization Rate(%)	Clients	Population	Utilization Rate(%)	Clients	Population	Utilization Rate(%)
0-19	104	149,367	0.1%	95	142,241	0.1%	199	291,608	0.1%
20-39	165	163,281	0.1%	399	154,493	0.3%	564	317,774	0.2%
40-59	419	93,880	0.4%	753	91,672	0.8%	1,172	185,552	0.6%
60-64	309	21,087	1.5%	593	22,154	2.7%	902	43,241	2.1%
65-69	566	19,161	3.0%	1,148	21,428	5.4%	1,714	40,589	4.2%
70-74	866	16,053	5.4%	2,131	18,946	11.2%	2,997	34,999	8.6%
75-79	1,091	11,498	9.5%	2,838	14,555	19.5%	3,929	26,053	15.1%
80-84	1,171	7,134	16.4%	2,690	9,714	27.7%	3,861	16,848	22.9%
85+	1,134	4,956	22.9%	2,270	8,249	27.5%	3,404	13,205	25.8%
Total	5,825	486,417	1.2%	12,917	483,452	2.7%	18,742	969,869	1.9%

Average age of home care clients = 74 years. Average age of clients aged 65+ = 79 years.

[1] The utilization rate is the percentage of the relevant population (e.g. males aged 0-19) using home care services.

Home Care Clients as a Percentage of All District Population, by Age and Sex (Combined Age Groups) 1988-89

Age Group	Males		Females		All	
	Clients	Utilization Rate (%)	Clients	Utilization Rate (%)	Clients	Utilization Rate(%)
0-64	997	0.2%	1,840	0.4%	2,837	0.3%
65-74	1,432	4.1%	3,279	8.1%	4,711	6.2%
75-84	2,262	12.1%	5,528	22.8%	7,790	18.2%
85+	1,134	22.9%	2,270	27.5%	3,404	25.8%
Total	5,825	1.2%	12,917	2.7%	18,742	1.9%

Utilization rates increase with age and are higher for women than for men.

Table 6

Home Care Clients as a Percentage of all District Population, by Age and Sex (Cumulative Age Groups) 1988-89

Age Group	Males		Females		All	
	Clients	Utilization Rate (%)	Clients	Utilization Rate (%)	Clients	Utilization Rate (%)
65+	4,828	8.2%	11,077	15.2%	15,905	12.1%
70+	4,262	10.8%	9,929	19.3%	14,191	15.6%
75+	3,396	14.4%	7,798	24.0%	11,194	20.0%
80+	2,305	19.1%	4,960	27.6%	7,265	24.2%
85+	1,134	22.9%	2,270	27.5%	3,404	25.8%

Table 7

Distribution of Home Care Clients by Sex and Marital Status 1988-89

Marital Status	Males		Females		All	
	Clients	Percent	Clients	Percent	Clients	Percent
Single	1,262	22.0%	938	7.3%	2,200	11.9%
Married	2,807	48.8%	4,350	34.0%	7,157	38.6%
Widowed	1,297	22.6%	7,008	54.7%	8,305	44.8%
Divorced/Separated	381	6.6%	512	4.0%	893	4.8%
Total	5,747	100.0%	12,808	100.0%	18,555	100.0%

Male clients are more likely to be married and to have a spouse for support than are female clients.

Distribution of Home Care Clients and Provincial Population Aged 65 and over, by Sex and Marital Status 1988-89

Marital Status	Clients Aged 65 and Over			Provincial Population Aged 65 and Over[1]		
	Male	Female	All	Male	Female	All
Single	16.3%	5.4%	8.7%	11.0%	5.9%	8.2%
Married	52.0%	30.5%	37.0%	75.1%	43.5%	57.7%
Widowed	26.4%	61.6%	50.9%	11.8%	49.1%	32.3%
Divorced/separated	5.4%	2.6%	3.4%	2.1%	1.5%	1.8%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
(Number)	4,768	10,990	15,758	57,810	70,810	128,620

[1] Provincial data on marital status is from the 1986 Census of Canada.

Seniors who are home care clients are far less likely to be married and more likely to be widowed than seniors in the general population. The fact that half of women but only 12% of men aged 65 and over are widowed, helps to explain why women are more likely to be home care clients.

Distribution of Home Care Clients by Sex and Living Arrangement 1988-89

Living Arrangement	Males		Females		All	
	Clients	Percent	Clients	Percent	Clients	Percent
Lives alone	2,445	42.7%	7,277	57.2%	9,722	52.7%
With spouse only	2,320	40.5%	3,420	26.9%	5,740	31.1%
With spouse & others	261	4.6%	597	4.7%	858	4.6%
With other family	511	8.9%	1,181	9.3%	1,692	9.2%
With others	195	3.4%	246	1.9%	441	2.4%
Total	5,732	100.0%	12,721	100.0%	18,453	100.0%

Over half of home care clients live alone. Female clients are more likely than male clients to live alone.

Distribution of Home Care Clients by Type of Residence
1988-89

Type of Residence	Clients	
	Number	Percent
House (single family detached)	12,514	67.5%
Apartment (self contained, including attached housing)	5,513	29.8%
Boarding house, rooming house, hotel	98	0.5%
Care home (e.g. approved home, personal care home)	406	2.2%
Total	18,531	100.0%

About two thirds of clients live in single family houses. Most other clients live in apartments — more than half of them in senior's housing.

Home Care Service Utilization

Client Distribution and Proportion of Services Utilized, by Age
1988-89

Age Group	Percentage of Clients	Percentage of Services Used				
		Nursing	Meals	Home Maintenance	Homemaking	All Services
0-64	15.1%	18.9%	9.5%	12.6%	18.5%	16.0%
65-74	25.1%	23.5%	17.5%	30.1%	21.8%	20.8%
75-84	41.6%	38.8%	41.5%	45.9%	35.9%	37.8%
85+	18.2%	18.8%	31.5%	11.4%	23.8%	25.4%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
(Number)	18,742	128,475	379,938	15,052	830,620	1,354,083

Home Care's oldest clients tend to use more services than other age groups. Table 11 shows that the 18% of home care clients aged 85 and over received 25% of all services provided. This same 18% of clients received 32% of meals and 24% of homemaking.

Client Distribution and Proportion of Services Utilized, by Sex
1988-89

Sex	Percentage of Clients	Percentage of Services Used				
		Nursing	Meals	Home Maintenance	Homemaking	All Services
Male	31.1%	35.9%	44.1%	24.8%	24.4%	31.0%
Female	69.9%	64.1%	55.9%	75.2%	76.6%	69.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
(Number)	18,776	128,509	379,969	15,061	830,647	1,354,185

Table 12 shows that men are more likely to use nursing and meal services while women are more likely to use homemaking and home maintenance services.

Special Care Homes Program Statistics

This section profiles long term care residents at March 31, 1989; and admissions and discharges during 1988-89.

Population data is based on the Saskatchewan Hospital Services Branch covered population at June 30, 1988, unless otherwise specified.

Long Term Care Residents of Special Care Homes and Hospitals at March 31, 1989

There were 10,180 long term care residents at March 31, 1989, including 299 people in non-designated hospital beds.

Figure 7: Distribution of Long Term Care Residents by Sex, March 31, 1989

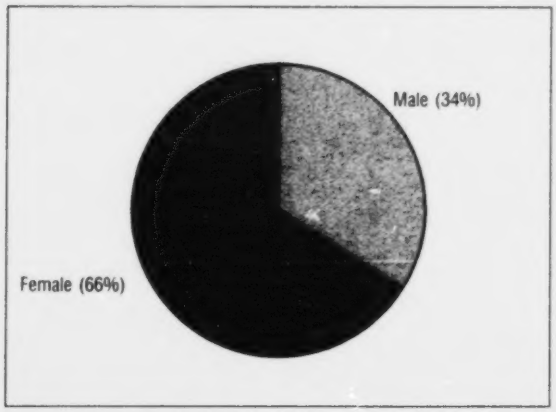


Figure 8: Distribution of Long Term Care Residents by Age, March 31, 1989

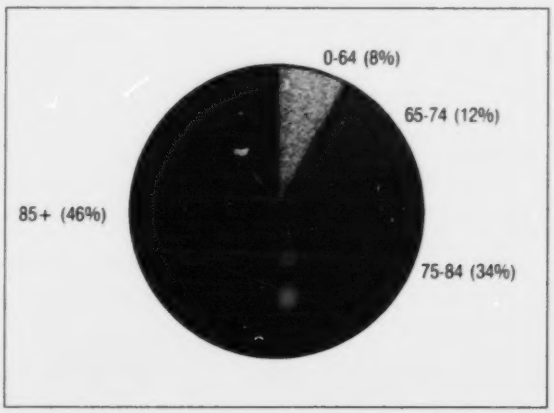


Figure 9: Distribution of Long Term Care Residents by Marital Status, March 31, 1989

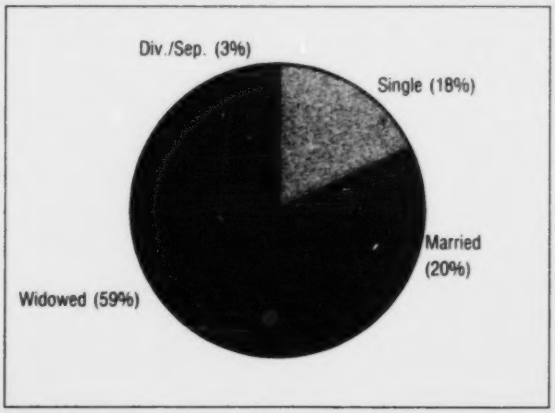
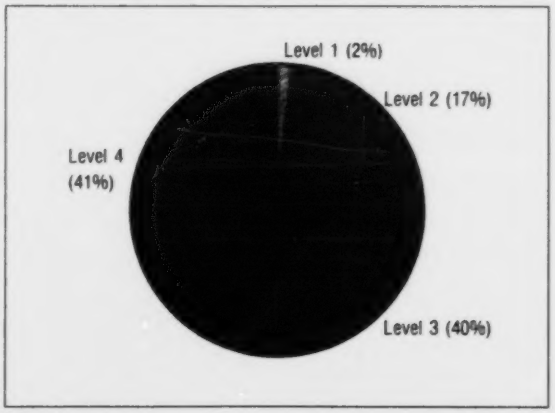


Figure 10: Distribution of Long Term Care Residents by Level of Care, March 31, 1989



Long Term Care Residents as a Percentage of Provincial Population, by Age and Sex[1] March 31, 1989

Age Group	Long Term Care Residents								
	Male			Female			All		
	Number	Population	Utilization Rate (%)	Number	Population	Utilization Rate (%)	Number	Population	Utilization Rate (%)
0-19	5	168,719	<.1%	5	161,122	<.1%	10	329,841	<.1%
20-39	88	175,190	0.1%	76	166,508	<.1%	164	341,698	<.1%
40-59	185	98,310	0.2%	207	95,774	0.2%	392	194,084	0.2%
60-64	120	21,677	0.6%	109	22,738	0.5%	229	44,415	0.5%
65-69	187	19,606	1.0%	220	21,847	1.0%	407	41,453	1.0%
70-74	325	16,396	2.0%	467	19,246	2.4%	792	35,642	2.2%
75-79	509	11,730	4.3%	817	14,796	5.5%	1,326	26,526	5.0%
80-84	691	7,260	9.5%	1,456	9,839	14.8%	2,147	17,099	12.6%
85+	1,314	5,039	26.1%	3,399	8,354	40.7%	4,713	13,393	35.2%
Total	3,424	523,927	0.7%	6,756	520,224	1.3%	10,180	1,044,151	1.0%

Average Age of Residents = 81 years. Average Age of Residents aged 65 and over = 84 years.

[1] The utilization rate is the percentage of the relevant population (e.g. males aged 0-19) who are long term care residents.

Long Term Care Residents as a Percentage of Provincial Population, by Age and Sex (Combined Age Groups) March 31, 1989

Age Group	Long Term Care Residents					
	Male		Female		All	
	Number	Utilization Rate (%)	Number	Utilization Rate (%)	Number	Utilization Rate (%)
0-64	398	0.1%	397	0.1%	795	0.1%
65-74	512	1.4%	687	1.7%	1,199	1.6%
75-84	1,200	6.3%	2,273	9.2%	3,473	8.0%
85+	1,314	26.1%	3,399	40.7%	4,713	35.2%
Total	3,424	0.7%	6,756	1.3%	10,180	1.0%

The percentage of the population who are long term care residents increases with age and is higher for women than men.

Long Term Care Residents as a Percentage of Provincial Population, by Age and Sex (Cumulative Age Groups) March 31, 1989

	Long Term Care Residents					
	Male		Female		All	
Age Group	Number	Utilization Rate (%)	Number	Utilization Rate (%)	Number	Utilization Rate (%)
65+	3,026	5.0%	6,359	8.6%	9,385	7.0%
70+	2,839	7.0%	6,139	11.8%	8,978	9.7%
75+	2,514	10.5%	5,672	17.2%	8,186	14.4%
80+	2,005	16.3%	4,855	26.7%	6,860	22.5%
85+	1,314	26.1%	3,399	40.7%	4,713	35.2%

Distribution of Long Term Care Residents by Sex and Marital Status March 31, 1989

	Long Term Care Residents					
	Male		Female		All	
Marital Status	Number	Percent	Number	Percent	Number	Percent
Single	1,050	30.7%	760	11.2%	1,810	17.8%
Married	1,162	33.9%	848	12.6%	2,010	19.7%
Widowed	992	29.0%	4,901	72.5%	5,893	57.9%
Divorced/Separated	180	5.3%	170	2.5%	350	3.4%
Other	40	1.2%	77	1.1%	117	1.1%
Total	3,424	100.0%	6,756	100.0%	10,180	100.0%

Table 17

Distribution of Long Term Care Residents by Age and Marital Status
March 31, 1989

	Age Group				
	0-64	65-74	75-84	85+	All
Marital Status	Percent	Percent	Percent	Percent	Percent
Single	59.7%	35.3%	15.9%	7.6%	17.8%
Married	17.1%	27.6%	25.4%	14.0%	19.7%
Widowed	10.2%	29.6%	53.8%	76.2%	57.9%
Divorced/Separated	10.4%	6.4%	3.8%	1.2%	3.4%
Other	2.5%	1.1%	1.2%	0.9%	1.1%
Total	100.0%	100.0%	100.0%	100.0%	100.0%
(Number)	795	1,199	3,473	4,713	10,180

Table 18

Distribution of Long Term Care Residents by Level of Care
March 31, 1988 and March 31,1989

	March 31, 1988		March 31, 1989	
Level of Care	Residents	Percent	Residents	Percent
Level 1	176	1.8%	174	1.7%
Level 2	1,766	17.6%	1,728	17.0%
Level 3	4,162	41.5%	4,089	40.2%
Level 4	3,920	39.1%	4,189	41.1%
Total	10,024	100.0%	10,180	100.0%

Admissions to Long Term Care Beds in Special Care Homes and Hospitals — April 1, 1988 to March 31,1989

Admission data excludes people admitted to non-designated hospital beds.

Admissions are divided into three types:

- A "New Admission" is an admission of a person who has **not** been a resident of a long term care bed in a special care home or hospital in the two years prior to admission.
- A "Readmission" is an admission of a person who was a resident of a long term care bed in a special care home or hospital at some time during the two years prior to admission, but was not a resident immediately prior to admission.
- A "Transfer" is an admission of a person who was a resident of a long term care bed in another special care home or hospital immediately prior to admission.

Table 18

Distribution of Admissions by Admission Type 1987-88 and 1988-89

	1987-88 Admissions		1988-89 Admissions	
Admission Type	Number	Percent	Number	Percent
New Admissions	2,262	82.7%	2,171	84.2%
Readmissions	174	6.4%	180	7.0%
Transfers	300	11.0%	228	8.8%
Total Admissions	2,736	100.0%	2,579	100.0%

Most admissions are new admissions from the community.

New Admissions as a Percentage of Provincial Population, by Age and Sex 1988-89

Age Group	New Admissions					
	Males		Females		All	
	Number	Admission Rate (%)[1]	Number	Admission Rate (%)	Number	Admission Rate (%)
0-64	63	<.1%	60	<.1%	123	<.1%
65-74	133	0.4%	161	0.4%	294	0.4%
75-84	338	1.8%	591	2.4%	929	2.1%
85+	293	5.8%	532	6.4%	825	6.2%
Total	827	0.2%	1,344	0.3%	2,171	0.2%

Average age of all new admissions = 80. Average age of newly admitted seniors (65+) = 82.

[1] The admission rate is the percentage of the relevant population (e.g. males aged 0-19) newly admitted to long term care beds.

Admission rates, like utilization rates, are highest for the oldest age groups. Most newly admitted people are aged 75 or over.

Distribution of New Admissions by Prior Living Arrangement and Sex 1988-89

Living Arrangements Prior to Admission	New Admissions					
	Male		Female		All	
	Number	Percent	Number	Percent	Number	Percent
Lived Alone	251	30.9%	652	49.2%	903	42.2%
Lived With Spouse	312	38.4%	169	12.7%	481	22.5%
Lived With Spouse & Others	24	3.0%	14	1.1%	38	1.8%
With Other Family Members	99	12.2%	252	19.0%	351	16.4%
With Others	127	15.6%	239	18.0%	366	17.1%
Total	813	100.0%	1,326	100.0%	2,139	100.0%

About one third of men and half of women lived alone before admission. Men are much more likely than women to have lived with a spouse prior to admission.

Table 22

New Admissions Aged 65 and Over as a Percentage of Provincial Population Aged 65 and Over[1], by Marital Status and Sex[2]
1988-89

	New Admissions								
	Males			Females			All		
Marital Status	Number	Population	Admission Rate (%)	Number	Population	Admission Rate (%)	Number	Population	Admission Rate (%)
Single	110	6,380	1.7%	69	4,205	1.7%	179	10,585	1.7%
Married	379	43,390	0.9%	222	30,785	0.7%	601	74,175	0.8%
Widowed	241	6,820	3.5%	954	34,740	2.7%	1,195	41,560	2.9%
Div./Sep.	29	1,220	2.4%	21	1,080	2.0%	50	2,300	2.2%
Total	759	57,810	1.3%	1,266	70,810	1.8%	2,025	128,620	1.6%

[1] Provincial marital statistics are from the 1986 Census.

[2] The admission rate is the percentage of the relevant population (e.g. single males) newly admitted to long term care beds.

Table 22 compares the distribution of newly admitted seniors by marital status and sex to the distribution of seniors in the general population of the province. Note that:

- Married people who have a spouse for support are least likely to be admitted to long term care.
- People without spouses, particularly widowed people, are most likely to be admitted.
- Admission rates are the same or higher for men than women for each marital status, but women have a higher overall admission rate because they are much more likely than men to be widowed.

Table 23

Distribution of New Admissions, by Level of Care
1988-89

Level of Care	Number	Percent
Level 1	48	2.2%
Level 2	510	23.5%
Level 3	1,063	49.0%
Level 4	550	25.3%
Total	2,171	100.0%

Three quarters of new admissions need heavy care.

Discharges from Long Term Care Beds in Special Care Homes and Hospitals — April 1, 1988 to March 31, 1989

Discharges are from a particular facility and do not necessarily mean the person has left the long term care system. Some individuals are discharged from more than one facility during the year. Discharge data excludes people who were discharged from non-designated hospital beds.

Table 24

Distribution of Discharges by Reason for Discharge 1987-88 and 1988-89

Reason for Discharge	1987-88 Discharges		1988-89 Discharges	
	Number	Percent	Number	Percent
Deceased	1,806	70.8%	1,826	73.8%
Moved Out of Province	29	1.1%	25	1.0%
Resident Request for Transfer	81	3.2%	56	2.3%
Needs Inappropriate for Facility	470	18.4%	424	17.1%
Functional Improvement or Recovery	82	3.2%	77	3.1%
Care Provider Able to Support Resident in Community	34	3.3%	65	2.6%
Total	2,552	100.0%	2,473	100.0%

Table 25

Distribution of Discharges by Alternative Arrangements Upon Discharge 1988-89

Alternative Arrangements Upon Discharge	Discharges	
	Number	Percent
Acute Care Hospital Stay	136	21.0%
Special Care Home or Hospital Level 4 Bed	298	46.0%
Other Care Home (e.g. approved, personal care)	48	7.4%
Home Care and/or Family Support	82	12.7%
Self Care	50	7.7%
Other	34	5.2%
Total Arrangements	648	100.0%

Table 25

Length of Stay in Facility of Residents Discharged from Long Term Care Beds 1988-89

Length of Stay in years	Discharges from Long Term Care Beds	
	Number	Percent
<1	744	29.9%
1 - 2	401	16.1%
2 - 3	278	11.2%
3 - 4	225	9.0%
4 - 5	187	7.5%
5 - 6	148	6.0%
6 - 7	107	4.3%
7 - 8	98	3.9%
8 - 9	64	2.6%
9 - 10	34	1.4%
10+	201	8.1%
Total	2,487	100.0%

Average Length of Stay in a facility is 3.5 years

Over half of residents discharged from long term care beds had stayed in the facility for less than 3 years.

Glossary

Admission: A person admitted to a long term care bed in a special care home or hospital.

Admission Rate: The percentage of the population newly admitted to long term care beds in special care homes and hospitals during the year covered by the report.

All District Population: The population of the forty-five home care districts. Population figures are based on Saskatchewan Hospital Services Branch covered population at June 30 of the year covered by the report. Residents of Indian reservations are not included in the all district population.

Assessment and Care Coordination Service: The means by which the Home Care Program identifies client needs and arranges and maintains appropriate services to clients. The assessment and care coordination service includes coordinating requests for service; conducting initial assessments to identify needs; developing and implementing a care plan; coordinating care to the client on an ongoing basis; and conducting case reviews and reassessments.

Client: A person who received home care nursing, meal, home maintenance and/or homemaking services.

Discharge: A person discharged from the Home Care Program or from a long term care bed in a special care home or hospital.

Heavy Care: Level 3 and 4 care.

High Need Client: A home care client who receives more than $650 worth of service in a month.

Home Maintenance Service: A home care service including installation of Saskatchewan Aides to Independent Living Program equipment, hand rails and non-skid surfaces, and some outdoor tasks essential to the safety of the client.

Homemaking Service: A home care service including personal care and home management. The personal care component includes services such as bathing, grooming, care of bed-bound clients, activation and routine foot and nail care. The home management component includes household cleaning, meal preparation, laundry and other aspects of operating a household.

Hospital: Eight large acute care hospitals have long term care units. In addition, many smaller community hospitals designate some beds for people requiring long term care.

Integrated Facility: A facility combining a hospital and a special care home in a fully integrated operation.

Length of Stay: The length of time a long term care resident resides in a particular hospital or special care home (the time between admission to and discharge from a particular facility).

Levels of Care: The levels of care provided in special care homes and hospitals are based on the residents' assessed needs.

Level 1 — Residents require some supervisory care; primarily an accommodation rather than a care arrangement.

Level 2 — Residents require some supervision and assistance with activities of daily living.

Level 3 — Residents require intensive personal or nursing care.

Level 4 — Residents require continuous medical care and 24 hour nursing care, but do not require acute hospital care.

Long Term Care Resident: A resident of a special care home or hospital receiving level 1, 2, 3 or 4 care.

Meal Service: A home care service including meals-on-wheels in which meals are delivered from an institution, restaurant or private meal provider to the client at home; and wheels-to-meals in which meals are prepared and provided to clients at a central location. Meals-on-wheels are delivered primarily by volunteers.

New Admission: An admission to a long term care bed of a person who has not been a long term care resident of a special care home or hospital in the two years prior to the admission.

Nursing Service: A home care service including nursing treatments and procedures, ongoing personal care when a nurse is required, teaching and supervising self-care, and teaching personal care to family members and supporters.

The provision of the nursing service also includes activities undertaken on behalf of the client outside the home, such as consultations with physicians and families and referrals to other agencies. However, the time taken to perform these activities is not included in the calculation of nursing service units for this report.

Other Care Home: Any home other than a licensed special care home which provides supervision, programming and/or personal care to residents for a fee. Other care homes include:

- **Personal Care Homes** where residents pay a fee to the operator in exchange for care. The care provided may include supervision and personal care.
- **Private Service Homes** licensed under *The Residential Services Act* to provide lodging, supervision, personal care or individual programming to persons in need of such services.
- **Approved Homes** with a certificate issued under *The Mental Health Act* for the accommodation of patients who are discharged from an in-patient facility or who require the accommodation and supervision that may be provided in the home.

Provincial Population: Provincial population figures are based on the Saskatchewan Hospital Services Branch covered population figures at June 30 of the year covered in the report unless otherwise specified.

Readmission: An admission of a person to a long term care bed who has been a long term care resident of a special care home or hospital within the previous two years, but was not a resident immediately prior to admission.

Special Care Home: A facility licensed under *The Housing and Special-care Homes Act* to provide long term care services. Services provided may include meals, laundry services, activation and assistance with personal care, to highly specialized nursing care with 24 hour supervision and rehabilitative therapies.

Transfer: An admission of a person to a long term care bed who was a long term care resident of another special care home or designated long term care bed in hospital immediately prior to admission.

Unit: In the Home Care program units are defined as follows:

Home Maintenance Service	— 1 hour
Homemaking Service	— 1 hour
Meal Service	— 1 meal
Nursing Service	— 1 hour

Utilization Rate: The percentage of the relevant population (e.g. an age group) who were home care clients during the year, or who were long term care residents of special care homes and hospitals at the end of the year. Long term care residents occupying non-designated hospital beds are included in the resident data used to calculate utilization rates.